Reviewer's report

Title: Learning to Prescribe - Pharmacists' Experiences of Supplementary Prescribing Training

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Reviewer: Derek Stewart

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Learning to Prescribe – Pharmacists’ Experiences of Supplementary Prescribing Training
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This paper focuses on a survey of English prescribing pharmacists in relation to their prescribing course. Previous research has described survey findings in small, localised areas or were conducted GB wide in the initial few cohorts of students.

Major compulsory revision
Cooper et al claim that their research provides data relating to several continuous years of students and that course providers may have updated their courses since the initial cohorts. However, few data are provided in relation to the effect of time on variables such as usefulness of training. In addition, data were only collected from England (no justification given) and with a relatively poor response rate given the likely motivation of the sample. Few novel findings are reported. The authors could more clearly define the need for this additional research and the knowledge gaps likely to be filled. This would substantially improve the paper and likelihood of acceptance.

The remainder of my comments are minor essential revisions.

Title
Given other work in this field I would include ‘English’ in the title.

Abstract
Background
‘Nurses’ should read ‘nursing’. It is not clear that the training course is in addition to a degree in pharmacy and registration as a pharmacist. Perhaps also state that the training course includes the period of learning in practice as this is often viewed as a separate component to the university based training.

Methods
N sampled should be reported. It is not clear at this stage why questions were
asked in relation to perceptions of supplementary prescribing (not included in the aim).

Conclusion
The conclusion relating to inter-disciplinary training is not clear.

Background
This section describes the background to SP, implementation and requirements of training. I would recommend using the statutory definitions of SP and IP to avoid confusion and similarly would avoid describing SP as ‘dependent’ (cf dependent prescribing as per the Crown review).

The ‘keystone’, reference 7 is not clear. Pharmacist independent prescribing conversion courses have been around for time now and many institutions are already delivering combined courses.

Several studies with a focus on pharmacist SP training courses are cited but the authors could consider including work by George et al (Pharm World Sci 2008), George et al (Ann Pharmacother 2007), Lloyd et al (IJPP 2007), George et al (Ann Pharmacother 2006).

Method
Much of the background describes previous research some of which was conducted on a GB wide sample. The authors should more clearly justify sampling only England. RPSGB should be given in brackets the first time. RPSGB could only provide contact details on a GB basis rather than UK as stated. What was the sample size? Were there any exclusions?

The questionnaire is described clearly. Were pilot participants excluded from the main survey and was there any test-retest for reliability. Why include questions relating to income? How were the attitude statements developed? It is interesting that all statements are written as positive. Give SPSS in full.

Results
As stated earlier the response rate is disappointing, particularly in comparison to other work. The sample size is described as 363 initially but becomes 411 on the next line. ‘Responder’ and ‘respondent’ are both used. Not all demographic data are provided, e.g. work setting and income. Terminology relating to postgraduate and Master should be corrected. I could not find any reference to Figure 1.

It would have been interesting to compare those prescribing to those not in terms of attitudinal statements and also different professional sectors.

Much space is devoted to the open questions and I would recommend summarising. Under ‘most useful aspects of training’ it is stated that most pharmacists listed only 1-2 responses while others identified useful aspects. Are the comments from 1-2 not useful and how is ‘useful’ being defined (whose perspective). It would be good to highlight any contrasting quotes.
Under ‘least useful aspect of training’, change ‘various’ to ‘varied’. The very end of the results section reads more as discussion.

Discussion
This section is very long and the key findings are somewhat lost with repetition of findings.

Second point – knowledge and competence (cf competency) are not the same. On the third point, should include some discussion of diagnosis being relevant to SP but not actually responsible for diagnosis. Fourth point – the authors did not provide any evidence of a trend towards interdisciplinary learning. Fifth point – ‘practicing’ should be ‘practising’ and some consideration should be given to increasing the length of the PLP. Are the authors convinced that none of the DMPs are remunerated? The final point and the section on limitations are poorly written. Should study strengths also be highlighted.

Conclusions
No data are given relating to increasing HEIs offering multi-disciplinary courses and integrating prescribing into the undergraduate course.

If funding was provided by a UK department, why were only English pharmacists included?

Reference 10, change Watson M to Watson AM and include et al. Reference 7 gives PJ as ‘The’ but not reference 13.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I have no competing interests in this paper. However, I lead the prescribing research group at The Robert Gordon University and have published some of the research cited. This has had no effect on reviewing the paper